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Attorney Docket Number

DECLARATION	FOR UTILI	TY OR L						
DECLARATION FOR UTILITY OR DESIGN			First Named Inventor	EDWARD L. REF	EDWARD L. REPIC			
			COMPLETE IF KNOWN					
PATENT AFFLICATION								
(37 CF	R 1.63)		Application Number		·			
Declaration	Declarat		Filing Date					
Submitted OR With Initial	Filing (s	ed after Initial urcharge	Art Unit					
Filing	(37 CFF required	R 1.16 (e))	Examiner Name).			
I hereby declare that:								
Each inventor's residence, ma	illing address, a	and citizenship are	as stated below next to	their name.				
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
CODE CO	OMPLIANT,	TRASH AND	OR LINEN CHU	TE INLET DOC	DR			
the specification of which		(Title of the	Invention) -					
is attached hereto								
OP								
OR		•						
			7.					
OR was filed on (MM/DD/Y	YYY)		as United States A	pplication Number o	or PCT International			
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	YYY)	and was amended	as United States A	pplication Number	or PCT International (if applicable).			
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PTO/SB/01 (06-03)

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DECLARATION — Utility or D sign Pat nt Application

Direct all correspondence to:	Customer	Number:				OR	V	Corres	pondence address below		
Name	•										
EDWARD L. REPIC											
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City				State					ZIP		
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NAME OF SOLE OR FIRST IN	VENTOR:		ПАр	etition	has b	een file	d for this	s unsigr	ned inventor		
Given Name (first and middle [if any]) EDWARD LAWRENCE				······································	Family Name or Surname REPIC						
EDWARD LA	WRENCE						RE	PIC	. •		
Inventor's Signature	mel (X 2-	س						Date 22,203		
Residence: City	State /	/-	-	Cour	itry			Citize	. 		
ALIQUIPPA	PENNSYLVANIA			'		US	·				
Mailing Address											
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City	State			ZIP			Country				
ALIQUIPPA	PENNSYLVANIA			15001					USA		
NAME OF SECOND INVENTO	R:				Α	petition l	náś bee	n filed f	for this unsigned inventor		
Given Name					F	amily N	ame		•		
(first and middle [if any]) MICHAEL W	AYNE				1	or Suma	meENNI	S			
Inventor's Signature	N/	in the	mi)			Date 22 04 03		
Residence: City	State			Cour	itry			Citize	nship		
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Mailing Address											
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City	State				ZIP			Count	ry		
TALLMADGE	ОНЮ				44278	3		USA			
Additional inventors or a legal re	presentative are bein	g named on th	ne ONE s	uppleme	ental sh	neet(s) PT	O/SB/02A	or 02LR	attached hereto.		

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page ONE of ONE					
Name of Additional Joint Inventor, if any:		A petition	has been filed for this	unsigned inv	ventor		
Given Name (first and middle (if any)		Family Name or	Surname				
SEYMOUR							
Inventor's Signature Oost	réce	han			0,+03		
DELRAY BEACH / Residence: City	FLORID State		intry	JS Citizenship			
7096 DeMEDICI CIRCLE Mailing Address	· · · · · · · · · · · · · · · · · · ·						
Mailing Address							
DELRAY BEACH	FLORI	DA 33446		USA			
City	State		Zip	Country			
Name of Additional Joint Inventor, if any:		A petition	has been filed for this	unsigned in	ventor		
Given Name (first and middle (if any)	Family Name or Surname						
Inventor's Signature		Date					
Residence: City	State		Country		Citizenship		
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Given Name (first and middle (if any)	Family Name or Surname						
Inventor's Signature	Date						
Residence: City State		e Country			Citizenship		
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